

South Cowichan Youth Softball Player Profile Form 2026



Please note: your registration is not complete until you've registered and paid via phone, in person, or online.
This form provides us with additional information *after* initial registration is complete.

SEASON

Apr 11 - June 20 | No session May 18, June 12 & 13

DIVISIONS

T-Ball
Born 2020

Intro
Born 2019

Junior
Born 2017 - 2018

Intermediate
Born 2015 - 2016

Senior
Born 2012 - 2014

Major
Born 2008 - 2011

Due to uniform orders and roster setting, no changes can be made to player divisions after Apr 18, 2026.

PERSONAL INFORMATION

Player's Name:		Birthdate:	
Address:		MM / DD / YYYY	
City:	Postal:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Email for league correspondence:			
<input type="checkbox"/> Played previously - number of years _____ <input type="checkbox"/> Played in this league <input type="checkbox"/> Pitcher		SHIRT SIZE: <input type="checkbox"/> Youth S <input type="checkbox"/> Adult S <input type="checkbox"/> Youth M <input type="checkbox"/> Adult M <input type="checkbox"/> Youth L <input type="checkbox"/> Adult L <input type="checkbox"/> Youth XL <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult XXL	

Parent/Guardian:	Parent/Guardian:
Primary Phone #:	Primary Phone #:
Secondary Phone #:	Secondary Phone #:

Emergency Contact:	Emergency Contact Phone #:
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HEALTH & SPECIAL CONSIDERATIONS

What special considerations should we be aware of to better meet your child's needs?

TEAM REQUESTS

Note: we do our best to accommodate player requests but cannot guarantee that each request is granted.

Name of one player or coach you'd like to play with:

EMERGENCIES

1. It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and need to get immediate help for the child. In such cases, our procedure is to call Emergency Services (911).
2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to Kerry Park Recreation Administration or instructor/leader; this consent would go along with your child to the emergency center.

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF AN ACCIDENT OR ILLNESS IF I CANNOT IMMEDIATELY BE REACHED.

SIGNATURE OF PARENT/GUARDIAN: _____ **Date:** _____

PHOTOS

Sign below if you **CONSENT TO** photos of your child (taken in our programs) being used in CVRD promotional material.

SIGNATURE OF PARENT/GUARDIAN: _____ **Date:** _____

CONSENT

I (parent/guardian's name) _____ consent to my child participating in the South Cowichan Youth Softball League and understand the risk associated with participation including slips, falls, or injuries and agree to indemnify and save harmless the Kerry Park Recreation Centre, the Cowichan Valley Regional District and the program instructors, arising out of the act of participating in any softball related activities provided by the Kerry Park Recreation Centre.

I, the undersigned, have read and fully understand the above liability and Informed Consent Waiver.

SIGNATURE OF PARENT/GUARDIAN: _____ **Date:** _____

COACHING

If you are a parent/guardian interested in coaching a team, please complete application below:

NAME: _____

Primary Phone #: _____

Email: _____

Do you have current First Aid?

No Yes - level: _____

Coaching/Playing Experience:

Preferred Role:

Coach - *please note shirt size:* _____

Assistant Coach - *please note shirt size:* _____

Umpire - number of years experience: _____

T-Ball Intermediate

Intro Senior

Junior Major

SIGNATURE OF VOLUNTEER: _____ **Date:** _____

All volunteers are required to complete a current Criminal Record Check and fill out a CVRD Release of Liability Form.